SECTION 702:   INSTRUCTIONS FOR COMPLETING INDIVIDUAL TIME SHEET,
STATE ACCOUNTING FORM D-55

1.   Purpose.

(a) The INDIVIDUAL TIME SHEET, SAFORM D-55 is to be used by employees who
are required to report their regular or premium pay hours on time sheets
for payment purposes. Employees who use this form include, but are not
limited to, the following:

(1) Employees who are paid on a regular hourly or daily basis.

(2) Regular salaried employees earning premium pay.

(3) Other employees who are required by law or by established policy.

(b) The SAFORM D-55 is used to report the number of hours that an hourly
employee furnished to an employing department or agency. (Exception:
When hourly employees perform stand-by duty, except for 24-hour
emergency psychiatric services, such duty is reported in terms of days.)

(c) The SAFORM D-55 is used to report the amount of time, in a category
of premium pay, which an employee furnished to an employing department,
as listed below:

(1) Ordinary overtime hours.

(2) Holiday work overtime hours.

(3) Split shift overtime hours.

(4) Split shift differential hours.

(5) Night shift differential hours.

(6) Stand-by duty days.

(7) 24-Hour emergency psychiatric services hours.

(8) Emergency work hours.

2.   Prepared By. Employee.

June 1, 1981

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3. Frequency. Maintained daily or as required and submitted for each payroll period.

4. Distribution. Both copies #1 and #2 are submitted through supervisory personnel as required by departments, and submitted to the appropriate officer(s) at the employing department for review, approval, and signature. The first copies of each set of time sheets are then batched daily by payroll number, filed in alphabetical sequence, and attached to the applicable PAYROLL CHANGE SCHEDULE. The time sheets are distributed as follows:

    (1) Copy #1 - Batched time sheets of copy #1 are sent to Central Payroll, DAGS for pre-audit and control filing.

    (2) Copy #2 - Retained by the appropriate office of the employing department for payroll verification and filed for reference.

    (3) Copy #3 - Optional use by departments and agencies.

    (4) Copy #4 - Optional use by departments and agencies.

June 1, 1981

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ITEM NO.	DATA AND DATA INSTRUCTIONS
(A)	Note: Instructions for some data fields have been purposely omitted because they are considered self-explanatory. These data fields are keyed with the letter (A) .
(1)	FORM - Leave blank. To be entered by the data processing center.
(2)	HOURLY RATE - Leave blank, if there is no change in the hourly rate during the pay period. If there is an hourly rate change, then insert the new rate to two decimal places, in red, and also red-circle the hourly rate.
(3)	EMPLOYEE NAME - Enter the last name, first, and middle initial of the employee.
(4)	FIRST 2ND - Enter the month code (two numerical digits) in the HALF HALF applicable half. (Note: Only one of these columns can be used on any one form; the form cannot be used to report time in more than one payroll period.) FIRST HALF: This column is for the days in the first half of a month (1st to 15th of the month). 2ND HALF: This column is for the days in the second half of a month (16th to 31st of the month).
(5)	TIME STARTED ENDED - Enter the time that the employee started work and ended work each day.
(6)	B REGULAR TIME - Enter the regular hours worked for each day based on time started and time ended to the nearest quarter hour and to two decimal places. (Note: Not used for salaried employees.)
(7)	O ORDINARY OVERTIME - Enter the ordinary overtime hours worked for each day, based on time started and time ended, to the nearest quarter hour and to two decimal places.
(8)	P HOLIDAY OVERTIME - Enter the hours worked on an employee's scheduled holiday, based on time started and time ended, to the nearest quarter hour and to two decimal places.

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ITEM NO.	DATA AND DATA INSTRUCTIONS
9	**E SPLIT SHIFT/TOTAL TIME EXCLUDING MEAL TIME** - Enter the hours of the split shift to the nearest quarter hour, and to two decimal places. The split shift span covers from the time an employee's work day started to the end of the work day, including off-duty hours and excluding meal time.

Example: Assume that an employee is on a split shift during the month of July, as follows:

First Half 07	Started	Ended		Total Time Excluding Meal Time	Actual Time Worked
1	7:45 a.m.	12:00 p.m.		4.25	4.25
	3:00 p.m.	5:45 p.m.	(12:00-5:00)	5.75	2.75
	5:45 p.m.	6:30 p.m.	(mealtime)	----	----
	6:30 p.m.	8:45 p.m.		2.25	2.25
			TOTAL HOURS	12.25	9.25

Total time excluding meal time is 12.25 hours.

ITEM NO.	DATA AND DATA INSTRUCTIONS
10	**D SPLIT SHIFT/ACTUAL TIME WORKED** - Enter the actual hours that an employee worked on a split shift, excluding meal and off duty hours between shifts, to the nearest quarter hour and to two decimal places.
11	**N NIGHT DIFFERENTIAL** - Enter the eligible hours worked between certain prescribed times of the day by an employee whose working hours are subject to shift work, as provided in Sections 8A.4 and 8F of the STATE OF HAWAII PERSONNEL RULES AND REGULATIONS, and as agreed upon in applicable collective bargaining unit contracts and executive orders. Enter the hours to the nearest one-half hour and two decimal places.

Examples:

	Hours Worked	Converted to Nearest One-Half Hour
	2.50	2.50
	2.75	3.00

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ITEM NO.	DATA AND DATA INSTRUCTIONS

(12)	(BLANK) - Enter the type of pay code, approved by the State Comptroller, for other types of work not shown on this time sheet and enter the hours worked in the column below, to the nearest quarter hour and to two decimal places. (Note: Only one type of pay code may be used for each time sheet submitted.)
	
	   Code Type of Pay
	
	    K Emergency Work hours
	    U 24-Hour Emergency Psychiatric Services Pay

(13)	S STAND-BY DAYS - Enter the number of days on stand-by duty.
(14)	TOTALS - Enter the total of each column from columns "B" to "S".
(15)	COMBINED TOTAL TIME - Enter the combined total time by crossfooting the total amounts from columns "B" to "S". (Note: This is a "hash" total and is used only for control purposes.)

(16)	INDICATE ACTUAL HOURS EMPLOYEE CHOOSES TO ELECT AS COMPENSATORY TIME IN LIEU OF CASH PAYMENT - Enter the total hours elected as compensatory time off. If the employee is covered under the overtime requirements of the Fair Labor Standards Act, the total actual hours entered is the compensatory time off elected and taken by the employee within the pay period being reported. (See items "O", "P", "E", and "(BLANK)" below.)
	
	   COLUMN O - Enter the total number of actual hours for which time off is elected in lieu of overtime cash payment.
	
	        Example: 6.00 Worked 8 hours overtime and elects 6 hours compensatory time off. Employee will therefore be paid in cash for the remainder of his converted overtime hours (6 hours). (8 hours x 1½ = 12 hours = 6 hours compensatory time off and 6 hours to be paid.)

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ITEM NO.	DATA AND DATA INSTRUCTIONS
	COLUMN P - Enter the total number of actual hours for which time is elected in lieu of holiday overtime cash payment.
	Example: 12.00 Worked 8 hours on a holiday and elects compensatory time off of 12 hours (8 x 1½ = 12); therefore, the employee is not entitled to any cash payment for holiday overtime.
	COLUMN E - Enter the total number of actual hours for which time off is elected in lieu of split shift overtime cash payment.
	Example: (blank) Compensatory time off was not elected; employee elected cash payment for split shift overtime.
	COLUMN (BLANK) - Enter the total number of actual hours for which time off is elected in lieu of cash payment for the type of pay coded at the top of this column, in accordance with legal provisions applicable to compensatory time off for that type of pay.
(17)	TOTAL COMPENSATORY TIME - Enter the total actual hours for compensatory time off by crossfooting the total columns of "O", "P", "E", and "(BLANK)".
(18)	UNIFORM ACCOUNTING CODE - Leave blank, unless the UAC is to be charged to an appropriation other than what is authorized on the DPS Form 5, "Notification of Personnel Action".
(19)	ENC - Leave blank.
(20)	PERCENT - Leave blank.

EXHIBIT A: SAMPLE FORM KEYED TO INSTRUCTIONS FOR COMPLETING SAFORM D-55

EXHIBIT B: FILLED OUT SAMPLE OF SAFORM D-55

STATE OF HAWAII

INDIVIDUAL TIME SHEET

DEPARTMENT	SUB DIVISION OR SCHOOL	PAYROLL NO.	BU CODE
DAGS	Central Services	M99	3

FORM	SOCIAL SECURITY NO.	POSITION NO.	HOURLY RATE	EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)
	576-38-8099	12345		Doe, John H.

ENTER MONTH CODE IN APPLICABLE HALF — SPECIAL INSTRUCTIONS

FIRST HALF / 2ND HALF: 4		TIME STARTED	TIME ENDED	REGULAR TIME (&)	ORDINARY OVERTIME (O)	HOLIDAY OVERTIME (P)	SPLIT SHIFT Total Time Excluding Meal Time (E)	SHIFT ACTUAL TIME WORKED (D)	NIGHT DIFFER. ENTIAL (N)	K	STAND BY DAYS (S)	REMARKS
1	16	7:30 a.m. / 7:30 pm.	11:30 a.m. / 11:30 p.m.	8.00			15.50	8.00	4.00			12:00-12:30 mealtime. 30 minutes.
2	17	7:30 a.m. / 7:30 p.m.	11:30 a.m. / 11:30 p.m.	8.00			15.50	8.00	4.00			12:00-12:30 mealtime. 30 minutes.
3	18	7:30 a.m. / 7:30 p.m.	11:30 a.m. / 11:30 p.m.	8.00			15.50	8.00	4.00			12:00-12:30 mealtime. 30 minutes.
4	19	7:30 a.m. / 7:30 p.m.	11:30 a.m. / 11:30 p.m.	8.00			15.50	8.00	4.00			12:00-12:30 mealtime. 30 minutes.
5	20	1:30 a.m.	5:30 a.m.						4.00	4.00		Emergency work.
6	21										1.00	Stand-by duty for emergency calls in case of flood damage.
7	22											
8	23											
9	24	7:45 a.m. / 3:00 p.m.	12:00 p.m. / 8:45 p.m.	8.00	1.25		12.25	9.25	2.25			Mealtime 45 minutes. 8:45 - 6:30 p.m.
10	25											
11	26											
12	27	7:45 a.m.	4:45 p.m.			8.00						
13	28											
14	29											
15	30	7:45 a.m.	6:45 p.m.	8.00	2.00							
	31											
	TOTALS			48.00	3.25	8.00	74.25	41.25	22.25	4.00	1.00	COMBINED TOTAL TIME 202.00
INDICATE ACTUAL HOURS EMPLOYEE CHOOSES TO ELECT AS COMPENSATORY TIME IN LIEU OF CASH PAYMENT ▶							18.00			6.00		TOTAL COMPENSATORY TIME 24.00
				(&)	(O)	(P)	(E)	(D)	(N)		(S)	

40		41-47	45-47	48-51	52-55	56-58	59-62	63	64-69
		UNIFORM ACCOUNTING CODE						ENC	PERCENT
F	YR	APPRN	O. N.O.	OBJECT	Function	LOC	PROJECT		

I CERTIFY THAT THE TIME CLAIMED ABOVE IS CORRECT. NO OTHER CLAIM HAS BEEN MADE OR WILL BE MADE FOR THE ABOVE PERIOD. IT IS MUTUALLY AGREED THAT THE EMPLOYEE WILL RECEIVE PAYMENT OR TIME OFF AS INDICATED ABOVE.

4/16/81
DATE   SIGNATURE OF EMPLOYEE *John H. Doe*

4/16/81
DATE   SIGNATURE OF DEPARTMENT HEAD *Alfred D. Johnson*

STATE ACCOUNTING FORM D-55
JULY 1, 1977 (REVISED).

STATE COMPTROLLER (CENTRAL PAYROLL)

June 1 1981